



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400001

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE COD LOBSTER CLAW INC.

DOING BUSINESS AS LOBSTER CLAW

ADDRESS 42 RTE. 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: BERIG, DONALD J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES/EXITS ON RT. 6A, ONE ON SOUTH SIDE. THREE PUBLIC DINING ROOMS PATIO & KITCHEN ON GROUND FLOOR & FULL FOR STORAGE. ONE ROOM SECOND FLOOR TO BE LICENSES..FRAME BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400022

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORLEANS SEAFOOD, INC.

DOING BUSINESS AS COOKE'S SEAFOOD RESTAURANT

ADDRESS 1 RTE. 28

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: MITROKOSTAS,
POLIXENI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCES/EXITS TO BOTH STREETS(ROUTE 28 & COTTAGE ST) ONE FLOOR; 60% DINING AREA,
REMAINDER IS KITCHEN & STORAGE;NO BASEMENT. SERVICE AT TABLES ONLY INSIDE AND ON
PATIO.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400047

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOOD SEA, INC.

DOING BUSINESS AS CAPT'N ELMER'S SEAFOOD

ADDRESS 18 OLD COLONY WAY

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: COSTA, MICHELLE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

74 SEATS APPROX. 2,900 SQ. FT. ONE STORY BRICK BLDG. WITH DINING AREA, KITCHEN/PREP AREA, RESTROOMS, 2 ENTRANCES/EXITS.

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SIGNED BY:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400052

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLAM BAR, INC

DOING BUSINESS AS ACADEMY OCEAN GRILLE

ADDRESS 2 ACADEMY PLACE

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: GOLDBERG,
CHARLES S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

65 SEAT DINING ROOM WITH DECK SERVICE, RESTROOMS OFF LOBBY; KITCHEN ON FIRST FLOOR,
STORAGE IN BASEMENT; REAR EXIT FROM KITCHEN DINING ROOM EXIT. APPROX 2481 SQ FEET

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400054

CITY OR TOWN ORLEANS

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ADG, INC.

DOING BUSINESS AS ORLEANS LOBSTER POUND

ADDRESS 157 ROUTE 6A

CITY/TOWN: ORLEANS

STATE: MA

ZIP CODE: 02653

MANAGER: DEL GIZZI, DAVID TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

200 SEAT RESTAURANT, 2 STORY FRAME STRUCTURE CONSISTING OF A BASEMENT WITH STORAGE AREA; FIRST FLOOR; KITCHEN, STORAGE AREA, THREE DINING ROOMS WITH LOUNGE AREA RESTROOMS, DECK, PORCH, PATIO. 2ND FLR; OFFICE, LIVING QUARTERS, 2 EXITS/ENTRANCES AND 1 REAR EXIT/ENTRANCE

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